Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set form in IC 5-2-1.5-3. 9/18/2008 Date: 2772 Vanulat 96-03464 Case #: County: Type of Laboratory Seizure (check one) Seizure Location (cheek all that apply) J Operational Lab Residence Hotel/Motel 🔀 Chemical/Glassware/Equipment (only) Outbuilding 😡 Open – No Structure Dumpsite (only) Vehicle Other: Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): _____ Red Phosphorous/Iodine Reaction(s): ____ 🔲 Flammable Solvents: 🔃 🔙 ☐ Water Reactive Metal (Lithium): _____ Anhydrous Ammonia: L.P Cas Call TANK Hydrochloric Acid Gas Generator(s): _____ Corrosive Acid: __ _ Corrosive Base: ..____ Other (item and location): Marriamphitamine (39) Child under age 18 discovered (cheek one) Investigative Information Yes 2 (number present) ____ Ephedrine/Pseudoephedrine Tracking Log i X.No. Rotail/Merchant Tip *If yes, fax report to Child Protective Services Other: L.E. Office This report is to be faxed to the following agencies that serve the location: Fire Department: CFD Fax: 912 376 0133 Health Department: <u>BCHO</u> Fax: 812-379-1670 Child Protection Service: ____ Fax: For further information regarding this methamphetamine laboratory, contact Investigating Officer: _ Ayous Phone 812-679-5000 This form is to be faxed to the Five Department, Health Department and/or Child Protective Services Department

This form is to be included with the case file, and a copy sent to the Claudestine Laboratory Team Leader for retention.